

U.S.C.A. - 7th Circuit  
RECEIVEDAFFIDAVIT ACCOMPANYING MOTION FOR  
PERMISSION TO APPEAL IN FORMA PAUPERIS  
United States Court of Appeals  
for the Seventh CircuitGINO J. AGNELLO  
CLERKJeffery Lathamv. Case No. 08-1911Joseph Burke et al.) Appeal from the United States District Court for the  
) NORTHERN District of ILLINOIS) District Court No. 08 CV 303) District Court Judge Holderman

## Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Jeffery Latham

## Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: MAY 8th 2008

My issues on appeal are:

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MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source  | Average monthly amount during the past 12 months |               | Amount expected next month |               |
|--|--|---------------|----------------------------|---------------|
|  | You  | Spouse        | You                        | Spouse        |
| Employment   | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Self-employment  | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Income from real property (such as rental income)                    | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Interest and dividends   | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Gifts  | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Alimony  | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Child support  | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Retirement (such as social security, pensions, annuities, insurance) | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Disability (such as social security, insurance payments)             | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Unemployment payments  | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Public-assistance (such as welfare)                                  | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Other (specify):   | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |
| Total monthly income:  | \$ <u>N/A</u>                                    | \$ <u>N/A</u> | \$ <u>N/A</u>              | \$ <u>N/A</u> |

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GINO J. AGNELLO  
CLERK

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer               | Address      | Dates of Employment | Gross monthly pay |
|------------------------|--------------|---------------------|-------------------|
| Stateville Corr Center | P.O. Box 112 | Joliet IL           | \$30              |
|                        |              |                     |                   |
|                        |              |                     |                   |

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of Employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| NA       | NA      | NA                  | NA                |
|          |         |                     |                   |
|          |         |                     |                   |

4. How much cash do you and your spouse have? \$ \_\_\_\_\_

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial Institution | Type of Account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| NA                    | NA              | NA              | NA                     |
|                       |                 |                 |                        |
|                       |                 |                 |                        |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

| Home (Value)             | Other real estate (Value) | Motor Vehicle #1 (Value) |
|--------------------------|---------------------------|--------------------------|
| NA                       | NA                        | NA                       |
|                          |                           | Make & year: NA          |
|                          |                           | Model: NA                |
|                          |                           | Registration # NA        |
| Motor Vehicle #2 (Value) | Other assets (Value)      | Other assets (Value)     |
| NA                       | NA                        | NA                       |
| Make & year: NA          |                           |                          |
| Model: NA                |                           |                          |
| Registration # NA        |                           |                          |

## 6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| <u>N/A</u>                            | <u>N/A</u>         | <u>N/A</u>                 |

## 7. State the persons who rely on you or your spouse for support.

| Name       | Relationship | Age        |
|------------|--------------|------------|
| <u>N/A</u> | <u>N/A</u>   | <u>N/A</u> |

## 8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

|  | You           | Your spouse   |
|--|---------------|---------------|
| Rent or home-mortgage payment (including lot rented for mobile home)                     | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |               |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |               |
| Utilities (electricity, heating fuel, water, sewer, and telephone)                       | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Home maintenance (repairs and upkeep)  | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Food   | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Clothing   | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Laundry and dry-cleaning   | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Medical and dental expenses  | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Transportation (not including motor vehicle expenses)                                    | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Recreation, entertainment, newspapers, magazines, etc.                                   | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Insurance (not deducted from wages or included in mortgage payments)                     | \$ <u>N/A</u> | \$ <u>N/A</u> |
| Homeowner's or renter's  |               |               |

|  |          |          |
|--|----------|----------|
| Life   | \$ _____ | \$ _____ |
| Health   | \$ _____ | \$ _____ |
| Motor vehicle  | \$ _____ | \$ _____ |
| Other: <u>N/A</u>  | \$ _____ | \$ _____ |
| Taxes (not deducted from wages or included in mortgage payments)<br>(specify):     | \$ _____ | \$ _____ |
| Installment payments   | \$ _____ | \$ _____ |
| Motor Vehicle  | \$ _____ | \$ _____ |
| Credit card (name): <u>N/A</u>   | \$ _____ | \$ _____ |
| Department store (name): _____   | \$ _____ | \$ _____ |
| Other: _____   | \$ _____ | \$ _____ |
| Alimony, maintenance, and support paid to others                                   | \$ _____ | \$ _____ |
| Regular expenses for operation of business, profession, or farm (attach<br>detail) | \$ _____ | \$ _____ |
| Other (specify): <u>N/A</u>  | \$ _____ | \$ _____ |
| Total monthly expenses:  | \$ _____ | \$ _____ |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☐ No If yes, describe on an attached sheet.

10. Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☐ No If yes, how much? \$ N/A

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

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12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

P.O. Box 1700 Galesburg Illinois  
600 Lincolnwood Rd 61401  

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Your daytime phone number: (\_\_\_\_) \_\_\_\_\_

Your age: 47 Your years of schooling: Pre  
Grad

Your social-security number: 327-35-40-5-2

Date : 4/23/2008

Time : 13:28:06

CHAMP

## Hill Correctional Center

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## Trust Fund

## Inmate Transaction Statement

11/1/2007 to 4/23/2008

Inmate: B30158 Latham, Jeffrey

Housing Unit: HIL-R3-C -78

| Date     | Source        | Transaction Type        | Batch  | Reference # | Description   | Amount  | Balance |
|----------|---------------|-------------------------|--------|-------------|---|---------|---------|
|          |               |                         |        |             | Beginning Balance:                                    |         | 0.01    |
| 11/16/07 | Payroll       | 20 Payroll Adjustment   | 320179 |             | P/R month of 10/2007                                  | 15.00   | 15.01   |
| 11/21/07 | Point of Sale | 60 Commissary           | 325705 | 414560      | Commissary  | -14.88  | .13     |
| 12/13/07 | Payroll       | 20 Payroll Adjustment   | 347179 |             | P/R month of 11/2007                                  | 15.00   | 15.13   |
| 12/18/07 | Point of Sale | 60 Commissary           | 352705 | 416853      | Commissary  | -13.36  | 1.77    |
| 12/19/07 | Mail Room     | 01 MO/Checks (Not Held) | 353215 | 2020164884  | Evans, Thelma   | 20.00   | 21.77   |
| 12/31/07 | Mail Room     | 01 MO/Checks (Not Held) | 365215 | 652745      | House, Roslynn  | 25.00   | 46.77   |
| 01/07/08 | Point of Sale | 60 Commissary           | 007705 | 418629      | Commissary  | -46.14  | .63     |
| 01/11/08 | Payroll       | 20 Payroll Adjustment   | 011179 |             | P/R month of 12/2007                                  | 15.00   | 15.63   |
| 01/17/08 | Disbursements | 81 Legal Postage        | 017363 | Chk #95924  | 01-08-07, DOC: 523 Fund Inmate, Inv. Date: 01/08/2008 | -9.20   | 6.43    |
| 01/17/08 | Disbursements | 80 Postage              | 017363 | Chk #95924  | 01-04-08, DOC: 523 Fund Inmate, Inv. Date: 01/04/2008 | -4.9    | 5.94    |
| 01/17/08 | Disbursements | 90 Medical Co-Pay       | 017363 | Chk #95924  | 01-15-08, DOC: 523 Fund Inmate, Inv. Date: 01/15/2008 | -2.00   | 3.94    |
| 02/15/08 | Payroll       | 20 Payroll Adjustment   | 046179 |             | P/R month of 01/2008                                  | 15.00   | 18.94   |
| 02/19/08 | Disbursements | 84 Library              | 050363 | Chk #96161  | 01-16-08, IDOC Central IBF, Inv. Date: 01/16/2008     | -9.00   | 9.94    |
| 02/19/08 | Disbursements | 81 Legal Postage        | 050363 | Chk #96170  | 02-01-08, DOC: 523 Fund Inmate, Inv. Date: 02/01/2008 | -9.7    | 8.97    |
| 02/19/08 | Disbursements | 81 Legal Postage        | 050363 | Chk #96170  | 01-23-08, DOC: 523 Fund Inmate, Inv. Date: 01/23/2008 | -1.31   | 7.66    |
| 02/26/08 | Point of Sale | 60 Commissary           | 057724 | 422458      | Commissary  | -7.48   | .18     |
| 03/01/08 | Mail Room     | 01 MO/Checks (Not Held) | 061215 | 2020002797  | Evans, Thelma   | 20.00   | 20.18   |
| 03/12/08 | Point of Sale | 60 Commissary           | 072721 | 424013      | Commissary  | -19.42  | .76     |
| 03/12/08 | Payroll       | 20 Payroll Adjustment   | 072179 |             | P/R month of 02/2008                                  | 15.00   | 15.76   |
| 03/17/08 | Disbursements | 80 Postage              | 077363 | Chk #96527  | 03-04-08, DOC: 523 Fund Inmate, Inv. Date: 03/04/2008 | -4.9    | 15.27   |
| 03/19/08 | Mail Room     | 01 MO/Checks (Not Held) | 079215 | 1190554     | Duckworth, Shanee                                     | 50.00   | 65.27   |
| 03/19/08 | Mail Room     | 01 MO/Checks (Not Held) | 079215 | 1190553     | Duckworth, Shanee                                     | 50.00   | 115.27  |
| 03/25/08 | Mail Room     | 01 MO/Checks (Not Held) | 085215 | 078965      | House, Michelle                                       | 25.00   | 140.27  |
| 03/25/08 | Point of Sale | 60 Commissary           | 085724 | 425502      | Commissary  | -106.22 | 34.05   |
| 03/25/08 | Point of Sale | 60 Commissary           | 085724 | 425504      | Commissary  | -1.89   | 32.16   |
| 04/09/08 | Payroll       | 20 Payroll Adjustment   | 100179 |             | P/R month of 03/2008                                  | 15.00   | 47.16   |
| 04/17/08 | Disbursements | 84 Library              | 108363 | Chk #96863  | 04-14-08, IDOC Central IBF, Inv. Date: 04/14/2008     | -7.0    | 46.46   |
| 04/17/08 | Disbursements | 81 Legal Postage        | 108363 | Chk #96876  | 04-08-08, DOC: 523 Fund Inmate, Inv. Date: 04/08/2008 | -1.17   | 46.29   |

Total Inmate Funds: 46.29

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: 46.29

Total Furloughs: .00

Total Voluntary Restitutions: .00

IN THE  
United States District Court  
7th District of Illinois  
Northern Division

Jeffery LATHAM  
Plaintiff,

v.

Joseph Burke et al  
Defendant

Case No. 08 CV 303

PROOF/CERTIFICATE OF SERVICE

TO: United States District Court TO:

Northern District of Illinois  
219 Dearborn Street  
Chicago Illinois 60604

PLEASE TAKE NOTICE that on MAY 8th, 2008, I have placed the documents listed below in the institutional mail at Hill Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service:

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/109, I declare, under penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: 5-8-08

1st Jeffery Latham  
NAME: Jeffery Latham  
IDOC#: B30158  
Hill Correctional Center  
P.O. BOX 1700  
Galesburg, IL 61401